

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

TRANSCRIPT ORDER FORM

Please use one form per court reporter per case, and contact court
reporter directly immediately after e-filing form.
(Please read instructions on next page.)

COURT USE ONLY

DUE DATE:

1a. Contact Person for this Order	2a. Contact Phone Number	3a. Contact E-mail Address
Annie Darbinian	(714) 338-4500	Annie_Darbinian@fd.org
1b. Attorney Name (if different)	2b. Attorney Phone Number	3b. Attorney E-mail Address
Samuel Cross	(714) 338-4500	Sam_Cross@fd.org

4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE)
 Federal Public Defender's Office
 411 W. Fourth Street, Suite 7110
 Santa Ana, CA 92701

5. Party Represented	Leah Alspaugh
6. Case Name	Fitness International, LLC v. Leah Alspaugh
7a. District Court Case Number	7b. Appeals Court Case Number
8:22-cv-01800-DOC-DFM	N/A

8. INDICATE WHETHER PROCEEDING WAS (choose only one per form):

☐

DIGITALLY RECORDED

☒

TRANSCRIBED BY A COURT REPORTER; NAME OF COURT REPORTER:

Sharon Seffens

9. THIS TRANSCRIPT ORDER IS FOR: ☒ Appeal ☐ Non-Appeal ☐ Criminal ☒ Civil ☐ CJA ☐ USA ☒ FPD ☐ In forma pauperis (Court order for transcripts must be attached)

10. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested, format(s), and delivery type):

You MUST check the docket to see if the transcript has already been filed, and if so,
provide the "Release of Transcript Restriction" date in column c, below.

a. HEARING(S) OR PORTIONS OF HEARINGS (Attach additional pages if necessary. If sealed, a court order releasing transcript to the ordering party must be attached here or emailed to transcripts_cacd@cacd.uscourts.gov.)			b. SELECT FORMAT(S) (CM/ECF access included with purchase of transcript.)							c. RELEASE OF TRANS. RESTRICTION DATE	d. DELIVERY TYPE
DATE	JUDGE (initials)	PROCEEDING TYPE / PORTION If requesting less than full hearing, specify portion (e.g., witness or time). CJA orders: indicate if openings, closings, voir dire, or instructions requested.	PDF (email)	TEXT / ASCII (email)	PAPER	CONDENSED (email)	CM/ECF ACCESS (web)	WORD INDEXING	(Provide release date of efiled transcript, or check to certify none yet on file.)	(One per line, but check with court reporter before choosing any type but "ordinary.")	
07/20/2023	DOC	Contempt Hearing	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	EXPEDITED (7-day)	
07/24/2023	DOC	Contempt Hearing	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	EXPEDITED (7-day)	
02/15/2024	DOC	Contempt Status Hearing	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	EXPEDITED (7-day)	
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

11. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC. CJA Orders: Explain necessity of non-appeal orders & special authorizations to be requested in Section 14 of CJA-24 Voucher (attach add'l pages if needed).

12. ORDER & CERTIFICATION. By signing below, I certify that I will pay all charges (deposit plus additional), or, where applicable, promptly take all necessary steps to secure payment under the Criminal Justice Act.

Date

03/18/2024

Signature

/s/ Samuel Cross